

TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

INSTRUCTIONS

PLEASE READ CAREFULLY

Filing Information

As a member of the Teachers' Retirement System of the City of New York (TRS), you may apply for an annuity under the Tax-Deferred Annuity (TDA) Program by filing a "TDA Annuitization Election Form" (code TD6). If you are filing this form in conjunction with retirement under the Qualified Pension Plan (QPP), TRS must receive your application at least one business day, but no more than 90 days, before your effective retirement date. Pending TRS' review and approval, filing your application will enable you to receive monthly payments of your annuity. Please note that your TDA annuitization date would be the same as your retirement date under the QPP. If you are a retired TRS member who initially elected TDA Deferral status, you may apply for an annuity under the TDA Program and select an annuitization date that is at least one business day before, but no more than 90 days after, TRS receives your application.

When you file the completed "TDA Annuitization Election Form," you must attach proof of your date of birth and, in some cases, your beneficiary's date of birth. The following items are considered acceptable proof of date of birth, and only one of the following is required: birth certificate; passport; or naturalization document. If none of these items is available, then two of the following are required: driver's license; certificate of military record; Form SSA-2458 (Report of Confidential Social Security Benefit Information); or other government-issued identification. (Photocopies are acceptable for all items.) We suggest that you bring all materials in person to TRS' Member Services Center at 55 Water Street in lower Manhattan. Please keep copies of your application and all forms filed in conjunction with retirement for your records.

Change of Information or Cancellation

You may change any information on this form after you have submitted it; TRS must receive your changes no later than one day before the annuitization date you elect. However, you may change your payment option election up to 30 days after your effective annuitization date by filing the "TDA Annuitization Option Change Form" (code RW87). To make changes to this election form, you may visit TRS' Member Services Center on the 2nd floor of 55 Water Street in lower Manhattan and review your changes with a Member Services Representative. If you cannot visit TRS but wish to make changes, then you must cancel your "TDA Annuitization Election Form" and submit a new one. You may cancel your form by submitting a "Request for Withdrawal of Form/Application/Online Filing" (code MI5). TRS must receive this form at least one day before your effective annuitization date, regardless of the date on which you mailed the form or the postmark date on the envelope. Please note that you may NOT cancel your "TDA Annuitization Election Form" on or after your effective annuitization date, and withdrawals from your TDA account may not be made on or after your effective annuitization date.

General

- You should keep TRS informed of any change to your beneficiaries' mailing addresses by notifying us in writing.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

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HOW TO COMPLETE THE TDA ANNUITIZATION ELECTION FORM

In Part A: PERSONAL INFORMATION

Provide all requested information.

In Part B: TDA ANNUITIZATION DATE ELECTION

Please select one of the statements to designate your annuitization date.

In Part C: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

You must elect **ONLY ONE** payment option in Part C for your monthly annuity payments and designate beneficiaries if your payment option includes that provision. In all cases, you would receive your monthly annuity payments for as long as you live. If you want to provide for beneficiaries, you have several choices, each of which would reduce the amount of your monthly annuity payments. All payments to you and your beneficiaries are monthly and each payment option also enables you to choose a beneficiary for the fractional amount of your retirement allowance. You may add additional beneficiaries by filing a "Retired/Retiring Member's Additional TDA Beneficiary Form" (code EN23). For additional information about payment option elections, beneficiaries, and acceptable documents to prove your beneficiary's date of birth, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure. Please note that you may designate a trustee only for lump-sum payments.

Your payment options are categorized as follows:

Maximum Payment Option

Lump-Sum Payment Options

- · Option I
- Option IV-b

Guaranteed Number of Payments Options

- Option IV-d (5-Year Certain)
- Option IV-e (10-Year Certain)

Continuing Payment Options

- Option II
- Option III
- · Option IV-a

Pop-up Options

- Option IV-2
- Option IV-3
- Option IV-4

If you elect a Continuing Payment or Pop-up Option:

- These options provide for only one beneficiary. You may change this beneficiary designation up to 30 days after your initial payability date.
- Your beneficiary's age is a factor in computing the amount of your monthly annuity payments; therefore, you must submit proof of your beneficiary's date of birth in conjunction with this application.
- You may not designate a trustee as your beneficiary.

In Part D: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF ANNUITY

In addition to any election you may have made in Part C, you must designate a beneficiary in Part D to receive any fractional payment that may be due for the month in which you die. The fractional payment would be payable provided that you do not die on the last day of the month; the payment would be based on the number of days that you are alive during that month. For example, if you die on the 21st day of a 30-day month, the beneficiary that you designate would receive a payment equaling 21/30 (or 70%) of your monthly annuity.

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- The beneficiary you designate to receive your fractional payment need not be the same beneficiary as you designate in Part C.
- You may change your fractional beneficiary designation at any time after you file the "TDA Annuitization Election Form" by filing a "TDA Change of Fractional Beneficiary Form" (code EN25).
- If you have already established a trust, you may designate your trustee as your beneficiary.
- If your beneficiary predeceases you, the fractional payment would be made to your estate.

In Part E: INVESTMENT ELECTION AT ANNUITIZATION

At annuitization, you have the opportunity to reallocate your accumulated TDA funds among TRS' Passport Funds. If you elect to do so, investment allocation changes need to be in multiples of 5% and must total 100%. The example below demonstrates how to complete Part E if you would like to invest 50% of your TDA funds in the Fixed Return Fund, 10% each in the Diversified Equity Fund, and the U.S. Equity Index Fund, and 15% each in the Balanced Fund and the Sustainable Equity Fund. (This is only an illustration, not a recommendation.) Your TDA funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

TRS' Passport Funds	Pe	rcentaç	ge	
Fixed Return Fund		5	0	%
Diversified Equity Fund		1	0	%
Balanced Fund		1	5	%
International Equity Fund	P		0	%
Sustainable Equity Fund		1	5	%
U.S. Equity Index Fund		1	0	%
International Equity Index Fund			0	%
TOTAL	1	0	0	%

Note: Any ongoing conversion of your funds that is not completed by your initial payability date would stop as of that date. You may change the way your TDA funds are invested, on a quarterly basis, by filing a "TDA Annuitant's Investment Election Change Form" (code RP9) with TRS at any time. Investment election changes take effect on the following conversion dates: April 1, July 1, October 1, and January 1. Your elections would take effect on the next conversion date that occurs at least 60 days after TRS receives your form. Please be advised that investment election changes cannot be effected until the quarter after your TDA annuity has been finalized.

In Part F: AFFIRMATION OF UNDERSTANDING

You must sign and date the statement shown in the presence of a notary public, who must then complete Part G.

In Part G: NOTARIZATION

You must have this form notarized. The date in this notary section must be the same date that you enter in Part F.

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TDA ANNUITIZATION ELECTION FORM



TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

Please print in black or blue ink, and initial any changes that you make on this application. For each selection that you make throughout this application, you must write your initials in the space provided and check the corresponding box.

PART A: PERSONAL INFORMATION Please provide the information below.

F	First Name MI Last Name	Social Security Number (last 4 digits only)
F	Permanent Home Address Apt. No.	TRS Membership Number
	City State Zip Code Email Address	Primary Phone Number (Check one: Home Work Mobile) (
[
	Check here if you entered new contact information above. The Please keep your contact information up to date. You can visit out "Member's Change of Address Form" (code DM13) with TRS.	
	TDA ANNUITIZATION DATE ELECTION lect one of the statements below to designate your annuitization	date:
	I am filing in conjunction with service or disability retirement. I to be (MM/DD/YYYY): [] [] / [] / [] [] (This initial payability date cannot be earlier than the effective of the control of the	
	I am retired and filing under TDA Deferral status. I hereby des to be (MM/DD/YYYY): [] [] / [] / [] [] (This initial payability date can be at least one business day be	
	application.)	

PART C: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

Please choose **ONLY ONE** of the payment options listed in Part C. Choose and complete any additional elections under your payment option. If you elect an option that provides a death benefit, you **must** designate a beneficiary. **In addition, all options require a beneficiary for your fractional payment.** If you have already established a trust, you may designate your trustee as your beneficiary for lump-sum payments only.

If you need to designate additional beneficiaries (primary, contingent, or fractional), please file a "Retired/Retiring Member's Additional TDA Beneficiary Form" (code EN23).

For more information about the percentage of your retirement allowance that you can leave for your beneficiaries, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure.

MAXIMUM	PAYMENT OPTION	
	Maximum Payment Option	Highest monthly retirement allowance
THEN	Go to Part D to designate a beneficiary for a fractional	al payment.
LUMP-SUN	1 PAYMENT OPTIONS	
	Option I	Payment to Beneficiaries If you die before your monthly annuity payments deplete your initial reserves, the remaining balance would be made payable in a lump sum to your beneficiaries.
		DR
	Option IV-b Indicate lump-sum payment to your beneficiaries: \$ \int \int \int \int \int \int \int \int	This option enables you to specify the lump-sum dollar amount to be paid to your beneficiaries upon your death. It is not reduced by the annuity payments you receive.
THEN	Designate your primary and contingent beneficiary o fractional payment.	n the next page; then go to Part D to designate a beneficiary for a

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Part C (continue LUMP-SUM PAYM DESIGNATION O			
Beneficiary/			Relationship
Trustee		Home Address	To You
First Name/MI			D + (B) (MM/DD \ 0.000)
Last Name			Date of Birth (MM/DD/YYYY)
SSN#			
DESIGNATION O Beneficiary/ Trustee	F CONTINGENT BENEFICIA	RY Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (MM/DD/YYYY)
SSN#			/ /
	UMBER OF PAYMENTS OPT on IV-d (5-year certain)	Payment to Beneficiaries Receives payments only i been made before your de	
Opti	on IV-e (10-year certain)	Receives payments only been made before your d	
	nate your primary and conting onal payment.	ent beneficiaries below; then go to Part D to	designate a beneficiary for a
DESIGNATION O Beneficiary/ Trustee	F PRIMARY BENEFICIARY	Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (MM/DD/YYYY)
SSN#			/ /
Beneficiary/ Trustee	F CONTINGENT BENEFICIA	RY Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (MM/DD/YYYY)
SSN#			

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PART C (co	ontinued) NG PAYMEN	T OPTIONS			
	Option II			Payment to Benefic Lifetime payments of reduced monthly ar	equal to 100% of your
	- Cation III		OR	•	
———	Option III			reduced monthly ar	equal to 50% of your nnuity payments
	Option IV-a		OR	Lifatima naumante	of your choice
— Ц	•	ı percentage of your montl	hly retirement	Lifetime payments of	or your choice
	•	payable as death benefit: 00% not permitted.)	:		
	-		OR		
——Ш	Option IV-2	! ("Pop-up" option)*			equal to 100% of your nnuity payments. Lifetime tion II.
	_		OR —		
	Option IV-3	("Pop-up" option)*			equal to 50% of your nnuity payments. Lifetime tion III.
	_		OR —		
	Option IV-4	("Pop-up" option)*		Lifetime payments of payments as in Opt	of your choice. Lifetime tion IV-a.
		percentage of your month	<u></u>		
	•	payable as death benefit: 00% not permitted.)	: %		
*If beneficia	ry predeceas	ses you, your payments	increase to the maximu	ım.	
THEN	Designate a payment.	a primary beneficiary bel	low; then go to Part D to	o designate a benefici	ary for a fractional
DESIGNA	TION OF PRI	MARY BENEFICIARY			
Donofie	-!		Homo A	l al alunna	Relationship
Benefic First Nam			Home A	laaress	To You
Last N				-	Date of Birth (MM/DD/YYYY)
	SSN#				/ /

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PART D: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF ANNUITY (All Payment Options)

Regardless of your election in Part C, you must designate a beneficiary to receive the fractional portion of your retirement allowance for the month in which you die.

Beneficiary/ Trustee	Home Address	Relationship To You
First Name/MI		
Last Name		Date of Birth (MM/DD/YYYY)
SSN#		/ /

PART E: INVESTMENT ELECTION AT ANNUITIZATION

In the appropriate box(es) below, please designate how you would like your TDA funds allocated among TRS' investment programs. Your allocations must be in 5% multiples and add up to 100%. Your TDA funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

		I wish to reallocate my TDA funds as indicated below:
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TRS' Passport Funds	Pe	rcentaç	ge	
Fixed Return Fund				%
Diversified Equity Fund				%
Balanced Fund				%
International Equity Fund				%
Sustainable Equity Fund				%
U.S. Equity Index Fund				%
International Equity Index Fund				%
TOTAL	1	0	0	%

I wish to leave my funds invested as they are as of my annuitization date.

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PART F: AFFIRMATION OF UNDERSTANDING

Please read below and enter the requested information. If you are an agent/legal representative signing on the member's behalf, please indicate this.

I affirm that, to the best of my knowledge, all information I have provided is true and correct. I understand that the filing of this application is irrevocable and cannot be withdrawn as of my effective annuitization date. I also affirm my understanding of the following:

CHANGES AFTER FILING: Any changes I wish to make to this form must be made no later than one day prior to my initial payability date—with the exception of the payment options and beneficiaries that I elected in Part C, which may be changed within 30 days after my initial payability date.

TERMS OF PAYMENT: If TRS determines that my retirement benefits from TRS are overstated, I am required to repay (or my beneficiaries may be required to repay) the resulting deficit amount in full, in accordance with TRS' applicable rules.

If my retirement allowance payments are transmitted electronically to my financial institution, I authorize and direct my financial institution to immediately refund any overpayments to TRS, including all payments made by TRS on or after the date of my death, and to charge the same to my bank account. TRS' certification of overpayment shall be sufficient evidence of an overpayment.

If the funds remaining are not sufficient to permit my financial institution to fully refund overpayments by TRS, I authorize and direct my financial institution to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.

YOUR SIG	GNATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY
PART G: NOTARIZATION	N		
TO BE COMPLETED BY A	A NOTARY (NOTE: Attestation	n made outside the U.S. must be executed before	ore an American consul.)
State of)		
) s.s.:		
	,		
County of)		
-	·	,, before me	personally appeared the
On the	day of	,, before me	personally appeared the
On the	day of	,, before me	, the
person known to me to be ndividual who executed the	day of	cknowledged to me that (s)he executed the sa	, the

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